

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

STATEMENT OF WORK
(Other instructions on reverse side)

NOV 7 1985

Budget Bureau No. 1004-0135
Expires August 31, 1985

ckf

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OLD P/A WELL OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER (RE-ENTER, DEEPEN & CONVERT TO SED PER <input type="checkbox"/> SED PER <input type="checkbox"/> 2. NAME OF OPERATOR BBC, INC. ✓ 3. ADDRESS OF OPERATOR P. O. BOX #39, HOBBS, NEW MEXICO 88240 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2080' FSL & 660' FEL (UNIT I) 14. PERMIT NO 15. ELEVATIONS (Show whether DF, RT, OR, etc.) 2980.6' GL		5. LEASE DESIGNATION AND SERIAL NO. NM-20370 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME FEDERAL "AZ" 9. WELL NO. 1 10. FIELD AND POOL, OR WILDCAT WILDCAT DELAWARE 11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA 29-26-30 12. COUNTY OR PARISH EDDY 13. STATE NM	
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/> SWD
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) RE-ENTER, DEEPEN & CONVERT TO <input checked="" type="checkbox"/> X	PER R-7781

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Re-enter, deepen and re-plug from 9-24-85 to 10-11-85 on a 24-hr. day basis as follows:

Notify NMOCD-Artesia 24-hrs. prior to MIRU M&W Rig #1.

Drilled cmt. plug from 0-61' with stringers to 91'. Drilled cmt. plug from 919'-1263'. Drilled cmt. plug from 3203-3205' and tested 9 5/8" csg. Found hole cut by welder 7' below GL and repaired. Tested 9 5/8" csg. From surface to 3205' for 15-min @ 1000#-OK. Drilled cmt. from 3205'-3301'. Drilled CIBP from 3301'-3303'. Squeezed perfs 3350-96' (per NMOCD-Artesia) with 300-sxs. "H" + 1/2# flocele + 2% CaCl in last 100-sxs. Staged to 2000# & reversed out 50-sxs. Left 250-sxs. in formation. Tested squeezed perfs with 500# for 15-min--held OK. Drilled 9 5/8" shoe at 3550' and deepened to 4480' with 8 3/4" bit. (Found old open hole from 3550' to 4067'--not reported in file--). New TD = 4480'. Ran 3498' of 4 1/2"-15.5# plastic coated casing for tubing with nickel-coated 9 5/8" lock-set Watson Packer. Set at 3498'. Loaded back-side with pkr. fluid and tested to 500#--held 15-min.--ok. Commenced injection on 11-1-85 in open hole from 3550-4480' with well-held tbq. pressure of 310# at rage of 5 BPM.

NMOCD-Artesia notified 24-hrs. in advance of all work and witnessed such.

Post TD-2
12-6-85
Deepen +
conv. to SWD

18. I hereby certify that the foregoing is true and correct

SIGNED <u>A. N. Muncy</u> (This space for Federal or State office use)	TITLE <u>Agent-Engineer</u>	DATE <u>November 6, 1985</u>
APPROVED BY _____ CONDITIONS OF APPROVAL, IF ANY:	TITLE _____	DATE _____

CC: NMOCD-Artesia

*See Instructions on Reverse Side